

KIMBROUGH AMBULATORY CARE CENTER DOMESTIC VIOLENCE ASSESSMENTYour name: *(Last, First, MI)*

Sponsor's Social Security Number:

CHILDREN

Name <i>(Include last name if different from yours.)</i>	Social Security Number	Date of Birth	Race	Grade in School

HISTORY

1. Have you ever been to counseling for anger or abuse? ☐ Yes ☐ No *(If yes, please explain.)*

2. What do you see as the biggest problem currently in your family?

3. Give a brief summary of the incident that brings you here. *(Include use of weapons.)*

4. Was there violence in your previous relationships? ☐ Yes ☐ No *(If yes, please explain, to include the use of weapons.)*

5. Describe the worst violent incident you have been involved in with an intimate or family relationship. Please include the use of weapons, if such were used.

6. Have you ever had fears of hurting your children? ☐ Yes ☐ No *(If yes, please explain.)*

Patient's name: *(Last, First, MI)* _____

7. Please check or describe any of the actions listed below that you have committed or participated in with adults or children.

Type	Yes	No	How Often	Done to You	Done to Others
Slapped					
Punched					
Choked					
Pulled hair					
Pushed					
Physically restrained					
Kicked					
Spanked a child with a belt, hair brush, electric cord, spoon, etc.					
Threw something at victim					
Pressured or forced sex or violent act					
Stabbed					
Shot					

Patient's name: (Last, First, MI) _____

Type	Yes	No	How Often	Done to You	Done to Others
Tried to drown or smother					
Burned					
Used a weapon such as a club, tire iron, stick, knife, or gun					
Sexual activity with a child					
Smashing things, destroying property, or displaying weapons					
Put down, name call, humiliate					
Frighten the victim by certain looks, gestures, actions, or try to make the victim feel guilty					
Keep the victim from going where he/she chooses, listen to phone conversations, check whereabouts, open mail, or follow					
Make light of abuse, say it didn't happen, say it's the victim's fault					
Instill guilt about the children, using visitation to harass the victim, threaten to take children					
Treat the victim like a servant, act like "the king of the castle," make all the big decisions					
Prevent the victim from working outside the home, make him/her ask for money, not let victim know the family income or take the victim's money					

Patient's name: (Last, First, MI) _____

Type	Yes	No	How Often	Done to You	Done to Others
Threaten to harm the victim or family or friends, to destroy property, to make the victim do something illegal, or threaten to commit suicide					
Other:					

COMMENTS

Patient's signature: _____

Provider's signature: _____

Date: _____

Date: _____